



PERSONAL INFORMATION/EMERGENCY CONTACT FORM

Please complete this form in its entirety to ensure accuracy of personnel records

Effective Date: _____ Form Type: Original Change
Employment Status: Classified Wage

PERSONAL INFORMATION:

Employee ID #: _____

Name: _____
Last First M.I. Suffix

New Name*: _____
Last First M.I. Suffix

** Name changes require an updated social security card.*

Home Address: _____ Home #: () -
City State Zip Work #: () -
Cell #: () -

EMERGENCY CONTACTS: In the event of an emergency, please contact the following person(s):

Primary Contact (complete FULLY):

Name: _____
Address1: _____
Address2: _____
City, State, Zip: _____
Home Phone: () -
Work Phone: () -
Relationship: _____

Secondary Contact (optional):

Name: _____
Home Phone: () -
Work Phone: () -
Relationship: _____

Special medical instructions (optional): _____

Signature _____

Date _____

This form allows for electronic signature

Send completed forms to Olivia Morgan in Human Resources via:
Fax: (804) 774-3021; or
Email: olivia.morgan@tax.virginia.gov.